

HONOLULU ETHICS COMMISSION

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768 Email: ethics@honolulu.gov Website: http://www.honolulu.gov/ethics/

HONOLULU ETHICE COMMISSION PLEATIVED

THIS SPACE FOR OFFICE USE ONLY

X Not Applicable

91.27.20

20 JAN 21 P1:14

2020 REGISTRATION

Lobbyist Registration (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle)		
Gold Joy		
LOBBYIST FIRM/EMPLOYER (if applicable	۵۱	TELEPHONE
Joy Gold Unlimited Inc	e)	808-368-1146
oby cold of minited in the		
MAILING ADDRESS (No. and Street or	P.O Box)	FAX
PO Box 88555		EMAIL joy@joygoldunlimited.com
(City) Honolulu	(State)	(Zip Code) 96830
PART II.A ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Dart Container Corporation		562-243-6433
MAILING ADDRESS (No. and Street or P.O. Box)		FAX
4000 Barranca Parkway		EMAIL jonathan.choi@dart.biz
(City) Irvine	(State) CA	(Zip Code) 92604
ESTIMATED NUMBER OF MEMBERS	(if lobbying on behalf of members)	Not Applicable
METHODS USED BY MEMBERS TO M	IAKE POLICY DECISIONS	

PART II.B NO LONGER LOBBYING	
☐ I am no longer authorized to lobby on behalf of the organization in Part II.A	DATE

PART III DESCRIPTION O	F SUBJECTS ON W	HICH YOU EXPECT TO LOBBY	
☐Business & Economic Development	□Community Services	☐Customer Services	
□Culture & Arts	□Housing	☑Public Works, Infrastructure & Sustainability	
□Parks & Recreation	□Public Health, Safety & We	elfare Tourism	
□Transportation	□Zoning & Planning	☐Specific Legislation: ☐Additional Sheet(s) Attached Bill No(Year) Reso No Admin. Rule No Dept	
□Other (indicate below):		•	
PART IV LOBBYIST CERT	TIFICATION		
I hereby certify that the foregoing state correct. Jan Hall LOBBYIST SIGNATURE Jan 8 202 DATE	Th	bscribed and sworn to before me is	
PART V AUTHORIZATION	TO LOBBY		
NAME Jonathan Choi NAME OF ORGANIZATION (if applicable) Dart Container Corporation	TITLE OF AUTHORIZING REPRESENTED	Regional Manager, Wester Region, Gov Affairs & Environment OFFICERONEPERSON 562-243-6433	
· ·			
MAILING ADDRESS (No. and Street or P.O Box) FAX		FAX	
1000 Barranca Parkway EMA		EMAIL jonathan.choi@dart.biz	
(City) Irvine	(State) CA	(Zip Code) 92604	
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.			
John	R Ch.	01/06/20	
(Signature of Authorizing Officer or Pe	erson Represented)	(Date)	



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Lobbyist Registration (Type or Print Clearly)

PART I LOBBYIST			
NAME (Last) (First) (Middle)			
Gold Joy			
LOBBYIST FIRM/EMPLOYER (if applicable)		TELEPHONE	
Joy Gold Unlimited Inc		808-368-1146	
MAILING ADDRESS (No. and Street or	P.O Box)	FAX	
PO Box 88555		EMAIL joy@joygoldunlimited.com	
(City) Honolulu	(State)	(Zip Code) 96830	
PART II.A ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE	,
KYD, Inc. dba: K Yamada Distributors		808-836-7301	
MAILING ADDRESS (No. and Street or P.O. Box)		FAX	
2949 Koapaka Street		EMAIL dy@kyd-inc.com	
(City) Honolulu	(State) HI	(Zip Code) 96819	
ESTIMATED NUMBER OF MEMBERS	(if lobbying on behalf of members)	⊠ Not A	Applicable
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS			Applicable

PART II.B NO LONGER LOBBYING	
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☐ I am no longer authorized to lobby on behalf of the organization in Part II.A	DATE

PART III DESCRIPTION OF	SUBJECTS ON W	HICH YOU EXPECT TO LOBBY
□Business & Economic Development	□Community Services	☐Customer Services
□Culture & Arts	Housing	☑Public Works, Infrastructure & Sustainability
□Parks & Recreation □	□Public Health, Safety & We	elfare
	⊒Zoning & Planning	□Specific Legislation: □Additional Sheet(s) Attached Bill No(Year) Reso No Admin. Rule No Dept
☐Other (indicate below):		
PART IV LOBBYIST CERT	FICATION	
Subscribed and sworn to before more correct. Subscribed and sworn to before more correct. This S day of SATNUARY By: Walk Mark of Satnuary Notary or ally of Icial Authorized to A My commission expires: 03 13 2020		
PART V AUTHORIZATION	TO LOBBY	
NAME Dexter N. Yamada	TITLE OF AU REPRESENT	THORIZING OFFICER OR PERSON ED President
NAME OF ORGANIZATION (if applicable) KYD, Inc. dba: K Yamada Distributors		TELEPHONE 808-836-7301
2949 Koapaka Street		FAX EMAIL dy@kyd-inc.com
(City) Honolulu	ity) (State) (Z	
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersign 1 - 3 - 2 \circ 2 \circ (Signature of Authorizing Officer or Person Represented)		
/0		(200)



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2020 REGISTRATION

Lobbyist Registration (Type or Print Clearly)

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PART I LOBBYIST			
NAME (Last) (First) (Middle)			
Gold Joy			
LOBBYIST FIRM/EMPLOYER (if applicable)		TELEPHONE	
Joy Gold Unlimited Inc		808-368-1146	
MAILING ADDRESS (No. and Street or P.O Box)		FAX	
PO Box 88555			
		EMAIL joy@joygoldunlimited.com	
(City)	(State)	(Zip Code)	
Honolulu	HI	96830	

PART II.A ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE	
Meadow Gold Dairies - Hawaii		808-944-5911	
MAILING ADDRESS (No. and Street or P.O. Box)		FAX	
925 Cedar Street		EMAIL Glenn_Muranaka@deanfoods	s.com
(City) Honolulu	(State) HI	(Zip Code) 96814	
ESTIMATED NUMBER OF MEMBERS (if lobbying on behalf of members)			oplicable
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS			plicable

PART II.B NO LONGER LOBBYING	
☐ I am no longer authorized to lobby on behalf of the organization in Part II.A	DATE

PART III DESCRIPTION C	F SUBJE	CTS ON	WHICH	YOU EXPECT TO LOBBY	
☐Business & Economic Development	□Community Services			□Customer Services	
□Culture & Arts	□Housing			⊠Public Works, Infrastructure & Sustainability	
□Parks & Recreation	□Public Heal	th, Safety &	Welfare	□Tourism	
☐Transportation	□Zoning & Planning			□Specific Legislation: □Additional Sheet(s) Attached Bill No. (Year) Reso No. Admin. Rule No. Dept.	
□Other (indicate below):					
PART IV LOBBYIST CER	TIFICATIO	N			
Correct. This LOBBYIST SIGNATURE My com		This 8 By: NO TARY OF	day of JANUATEM . 2020. Description of JANUATEM . 2020. Description of January of Ficial Authorized to Administer Oaths mission expires: 2 2020		
PART V AUTHORIZATION	TO LOBE	 3Y			
NAME TITLE OF AUTHOR			IZING OFFICER OR PERSON esident and General Manager		
NAME OF ORGANIZATION (if applicable) Meadow Gold Dairies - Hawaii		EPHONE 808-944-5911			
925 Cedar Street		FAX			
(City) Honolulu	(State) HI (Zip		(Zip	Code) 96814	
I hereby authorize the above-named	person to enga	age in lobby	ing activiti	ies on behalf of the undersigned. 01/03/20	
(Signature of Authorizing Officer or Po	erson Renrese	nted)		(Date)	